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A Qualitative Study on Meaninglessness Formation Contexts among Nurses

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Abstract:

Meaninglessness is generally argued as a major consequence of alienation, which brings concerns about how meaning is made in the social construction of bureaucratic organizations. A grounded theory method was employed to explore meaninglessness formation context among nurses in public hospitals in Yazd. Through theoretical and purposeful sampling, 20 nurses in public hospitals in the city were selected to participate in in-depth interviews. The theoretical sampling process continued until data saturation was obtained. The collected data were analyzed through open, axial and selective coding. The results yielded 16 main categories (e.g., paperwork, phobia from reporting, distorted communication between companion/patient, impression management crisis and vertical gender emotional labor, experience of emancipatory emotions, vertical system management, problematic of social relations etc.), a core category (organizing of meaninglessness among nurses), the paradigmatic model, and the theoretical schema. The findings indicated that nurses' meaninglessness mainly stemmed from the graded bureaucratic structure in the hospitals and is constantly reproduced in different domains. Nurses' resistance through action/reaction strategies ultimately leads to the normalization of meaninglessness among them.

Key Concepts: *Alienation, Grounded Theory, Nurses, Hospital*

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Introduction

Human being is in pursuit of meaning as if life without meaning, purpose, value or ideal gives rise to a lot of suffering (*Yalom, 2018*). Perhaps one of the greatest questions of mankind is about the meaning of existence in general, the meaning of human life in particular, and the meaning of a person's own life in more particular. Although some people do not raise this question avowedly, it is still present in their minds as life without meaning cannot be tolerated, and is responded well by the feelings of anger and guilt (*Rostami, 2018*). Hence, any breakdown in meaning provokes mental/behavioral human reactions, and in the absence of an efficient response to this meaning breakdown, meaninglessness occurs as a problem. In his article "There is meaning in absurdity", Walter T. Stacy has six main claims regarding meaninglessness, which revolve around the three basic axes of the meaninglessness of human life today, the evil and undesirability of the meaninglessness of life, and the solution to remove the meaninglessness of life (*Malekian, 2003*). Thus, according to the sequence and order of points mentioned above, it could be said that the hollowness that creates meaninglessness suggests the necessary conditions to get out of it too. In general, meaninglessness refers to a high level of alienation with moral bewilderment and helplessness (*Seeman, 1975*) where one does not know what they should be certain of and there are not the least criteria for making clear decisions (*Coser & Rosenberg, 2013*).

Absurdity or meaninglessness can be detected in the thoughts of many great thinkers. For example, Schopenhauer considered meaninglessness to mean aimlessness and worthlessness (*Rostami, 2018*). Richard Taylor viewed meaninglessness as endless futility and mentioned Sisyphus as a clear example (*Alavitabar, 2015*). Writers like Ruffin (1984) looked at meaninglessness as a fundamental problem and expressed concerns about how meaning is constructed in social conditions (*Van Selm & Dittmann-Kohli, 1998*). One of the social conditions today that creates meaning as well as meaninglessness is work. The existing research about the meaningfulness of work indicates its positive contribution to the meaningfulness of people's lives, showing that the work that

induces meaning can significantly help people to recognize and understand their complexities and ultimately provide opportunities for growth (*Jena & et. al., 2019*). Since people spend most of their time at work, they look at work as a source of meaning and identity (*Keles & Findikli, 2016*). Given that people wish their work to be meaningful, not just to earn money, organizations today have realized that fostering meaningful work in their employees is extremely important (*Lysova & et. al., 2019*). On the contrary, since people are intrinsically motivated to create and maintain meaning, experiencing meaningless work is likely to cause significant psychological distress and moral harm (*Bailey & Madden, 2019*). However, when meaningfulness of work increases, cognitive, emotional, behavioral and economic benefits are likely to be achieved by the individual or the organization (*Ardichvili, 2009*). Blatt and Ashford (2006) believed that people's perception of meaning is created in their interaction with their work environment. Vough (2007) also thought that meaningfulness happens when employees look for a connection between their feelings and their work. In addition, the management of an organization is effective when managers can create meaning for their employees in the work environment (*Demirtas, 2015*). In general, work is meaningful when it can reproduce identity, responsibility, well-being and moral development. In contrast, work is meaningless when it generates disinterest and indifference in the work environment (*Rangnekar, 2016*).

Work environments in the cities are mainly concentrated in social organizations. One of these organizations is the hospital where different groups of people work. One group that has received less attention is nurses (*Afshani & et. al., 2019*). In general, when we talk about medical care in hospitals, we usually think of nurses. In most medical organizations and institutions, the nursing department is one of the largest departments and the nursing staff constitutes 40 to 60 percent of the total human resources (*Amirkafi & Karevani, 2018*). These human forces in the organizational structure of a hospital experience a lot of responsibility, increasing work pressure, emotional conflicts and tense relationships with companions, etc. Nevertheless, their

expectations do not come true including respect and dignity, satisfaction with work advantages, compassion of families and hospital management, and understanding of their conditions by the people. Several studies have shown that work stress, job dissatisfaction and burnout are very common among nursing professionals (*Wu & et. al., 2018*). Therefore, nurses' perception of the work environment and the identity induced from it (moral growth, balance of emotions at work, respectful freedom and independence in the work environment, peace and lack of fear in the work environment, work advantages, physical well-being, improvement of their reasonable capacities etc). Sometimes collapses, pushing nurses to become indifferent to their job and consider it to lack meaning and proper function in their lives. Then, they may consider nursing nothing more than doing repetitive tasks. This research is an attempt to explore meaninglessness in the nurses of the public hospitals in the city of Yazd, Iran. It aims to examine the processes that create meaninglessness in the nurses and discover the causes and contexts of the emergence of meaninglessness and the coping strategies adopted by nurses against it. It should be noted that meaninglessness is mostly rooted in psychology and philosophy and less seen in sociological research. This research is then an attempt to investigate meaninglessness within a sociological conceptual framework. More specifically this study aims to answer questions: What leads the nurses in public hospitals in Yazd to experiencing meaninglessness? And what strategies do they use to cope with it?

Literature Review

In general, there is very little up-to-date research on meaninglessness and meaningful work. However, this research has attempted to use the few existing studies to achieve the research goals. Hakimi' (2020), carried out a survey on 270 working nurses in Rafsanjan University of Medical Sciences in Iran to explore the role of dynamic personality on employment through the mediation of meaning. The findings showed that the dynamic personality and the meaning of work have a positive and significant effect on

employees' job enthusiasm. Thus, nurses with dynamic personality can improve their experiences of the meaning of their work. Ghafourikola and Tabrizi (2019) also conducted a survey on 384 citizens of Tehran to examine the impact of personal and social dimensions of life satisfaction on alienation. The overall results indicated that life satisfaction has an inverse relationship with meaninglessness as one of the dimensions of alienation. The strongest correlation was observed between meaninglessness and life satisfaction. In a survey on 400 employees of Kermanshah Oil Company, Iman and Moradi (2018) studied the impact of alienation on social responsibility. Their findings showed a significant relationship between alienation and social responsibility indicating meaninglessness to be the source of organizational alienation. At the international level, the attempts have been made to investigate meaningful work and its components as well as meaninglessness.

There are not many international studies on meaninglessness among nurses either. In a qualitative study, through interviews with 45 people with very different jobs, Bailey and Madden (2019) found that meaninglessness in the workplace is created through problems such as job powerlessness, communication disconnectedness, individual's reduced value and position, and uncertainty about the position. In a survey, Tummers and Knies (2013) collected data from 1278 midwives and civil servants in the Netherlands (Amsterdam and Rotterdam) to learn that good leadership and management are highly influential in making work meaningful for employees. In a meta-analysis study, Lysova et al. (2019) reviewed the articles on meaninglessness from 1988 to 2017. They examined the factors related to meaningful work at individual, occupational, organizational, and social levels. Then, they identified the limitations in the previous studies and described how factors at different levels interact with each other. The results of the meta-analysis showed that in order for people to feel meaningful in their work, organizations must design proper quality work environments. In addition, facilitation management, methods of constructive organizational relations and access to decent work are among the mechanisms of meaningful work. In another study,

Singh and Rangnekar (2016), conducted a survey on a sample of 160 technical managers in the Netherlands. They found that there is a significant relationship between meaningful work and organizational trust. In a similar survey, Kim and Allan (2016), investigated the relationship between underwork and meaningfulness of work on a sample of 351 working adults in the United States. Their findings showed that underwork has a negative effect on work performance.

Conceptual Framework

A theoretical framework is not used in qualitative studies in the same way as in quantitative research; rather conceptual framework and theoretical sensitivity are deployed. Early pioneers of the foundational data approach, including Glaser and Strauss (1967) and then Strauss and Corbin (1990), as the representatives of the systematic approach of the grounded theory, have introduced a new view on the data collected by the researcher by proposing theoretical sensitivity. In their view, to be sensitive means to figure out what the data reports and to be able to give meaning to what we find in the data. In other words, we should be able to understand what is beyond the data. In this regard, immersing in the data analysis leads to a sudden enlightenment. Therefore, the theories in mind affect our research in various ways. Due to this view, we start the analysis with an open mind, not a closed mind, and we have to use the existing knowledge to analyze the data (*Strauss & Corbin, 2019*). In simple terms, in a qualitative research based on the foundational data approach, the researcher needs accumulated knowledge. For the sensitivity in the current research, in addition to the professional experience of the researchers in research, the opinions of theorists such as Karl Marx, Max Weber, Arlie Russell Hochschild and Melvin Seaman were also taken into consideration.

Marx described the forms of human meaninglessness by expressing his idea of alienation in the capitalist society and gives particular importance to the alienation as created by capitalism (*Craibi, 2017*). For him, the alienation is completed when everything turns into objects that can be sold. In fact, the act of

selling is the act of alienation (*Meszaros, 2001*). The meaninglessness that Marx raises is due to the all-round dominance of capitalist laws for man and the transformation of all aspects of his life into a commodity. Matters like work, capital, ownership and the government enslave man creating meaninglessness as one form of alienation in the workplace and daily life. Nurses, as labor force in hospitals, are under the domination of organizations that are the results of the advanced processes of capitalism, and experience more and more meaninglessness in their work.

While Marx proposed his theory principally on capitalism, Weber worked on rationality process. He considered bureaucracy and historical process of bureaucracy to be a superb instance of rationality (*Ritzer, 2014*). Pointing to the inappropriate functions of bureaucracy, Weber stated that bureaucracy destroys emotional and personal conflicts in favor of rational decisions and turns the world into a world without identity (*Dinili, 2014*). According to Weber, the meaninglessness of this world has paradoxically emerged as a result of rationalization. Since the world has become more and more rational, it has move away from enchantment more and more. In fact, rationalization has destroyed the magical garden of faith and conviction, yet it has not created a reliable and valid set of alternative values (*Lowith, 2016*). As a bureaucratic organization, a hospital seems to be based on rational processes and laws more than before, and nurses as people present in this organization must work under the shadow of rational and hierarchical laws. Therefore, it is likely that meaninglessness grows among them. In his book The Managed Heart, Hochschild (1983) introduced emotional labor to describe the processes of exploitation of emotions at work. Bringing up the issue of emotional work, she discussed the "thingness" of human emotions and emotions. She defined emotional work as “the management of feeling to create a publicly observable facial and bodily display” requiring one “to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others” (*Hochschild 1983:7*). Emotional labor has three sub-dimensions: deep, surface, and genuine. Deep dimension refers to a

person's ability to present feelings that should be reflected in a specific moment. In fact, in this dimension, a person adjusts their emotions according to their behavior in a work situation. The surface dimension is when a person simply changes their behavior and pretends to feel it and sympathize with it when they really don't. Genuine dimension refers to the behavior that expresses one's natural emotions (*Öz & et. al., 2023*). According to Hochschild (1983), when emotional labor is aligned with the work, the work will go out of its natural state to turn into emotional labor force that should be used along with other forces to perform tasks. if Marx's industrial worker only had to put his physical and mental strength in the service of the capitalist, Hochschild's service worker must also add his emotional strength to it. Therefore, in Hochschild's opinion, in emotional labor, smiles, gestures, feelings and relationships of people change to products that belongs to employers more than their true owners (*Kianpour, 2012*). Since it is essential that prospective nursing students develop proper emotional behaviors, hospitals and medical education centers try to teach nurses emotional behaviors to help facilitate working and providing services in medical departments. It is important that nurses acquire the skills to control their emotions after experiencing unfortunate experiences such as the death of patients. But the problem arises when emotions are sold as an individual workforce in providing services. In other words, in addition to daily routine duties, nurses sell their emotions at work. The process of selling emotions and its thingness among nurses can be a part of their experience of meaninglessness. Melvin Seeman (1959) stated that meaninglessness is the second major use of alienation and is similar to Karl Mannheim's functional rationality and real rationality. In this sense, as society organizes its members towards the best goals (by increasing functional rationality), their capability to act intelligently in a given situation declines (*Seeman, 1959*). Due to the reduction of people's intelligent action in situations where goals are found, if they cannot predict the future consequences of that situation resulting from their actions, they will experience meaninglessness. Therefore, meaninglessness is created by the person's consciousness in understanding the events

in which he/she is involved. Meaninglessness may bring high alienation when minimum individual criteria are not available for specific decision making (*Seeman, 1959*). Meaninglessness may be created when nurses experience situations that bring confusion about rules and personal and organizational relationships. As a result, nurses will neither have the ability to control the situation nor the ability to predict it.

Methodology

This qualitative research used grounded theory or foundational data approach. Grounded theory makes qualitative research flexible and provides interaction between the theory and the data (*Newman, 2006*). According to Strauss and Corbin qualitative method is any type of research that produces findings obtained not by resorting to statistical operations or other computational methods. Qualitative methods can be used to discover those areas that we know a lot about, but we decide to gain new understanding (*Strauss & Corbin, 2019*). This method deals with the experience and understanding of the participants and can serve the purpose of the present research, which to learn about the perceptions of the participants. The importance of this method lies in its efficiency in theory building and its capacity to create criteria for qualitative data analysis. In the qualitative method, the goal is to achieve a level of interpretation and generate or discover a theory (*Afshani & et. al., 2018*). Since in foundational data theory, the data analysis process and the final theory are closely related, theoretical and purposeful sampling was used to serve the purposes of the research. The inclusion criteria of the participants included having at least two years of nursing work experience, working in public hospitals, stable participation in a hospital department. Then, 20 nurses from public hospitals in the city of Yazd were selected for in-depth interviews. The interviews continued until the stage of theoretical saturation was achieved in that the obtained categories were saturated in terms of characteristics and dimensions and could not add anything new to the theory being refined. After each interview, it was transcribed and analyzed. At the stage of data analysis, line-by-line analysis was used for open coding, and along

with the development of concepts and their abstraction, axial coding and selective coding were also applied to the texts. All ethical considerations such as prevention of legal harm, informed consent, and respect for privacy, anonymity and confidentiality were observed in this research. The interviewees were assured that their interviews would not cause any problems for them; therefore, interviews were conducted only with those who had full consent for the interview and the participants were informed about the topic of the research, the purpose, the method of conducting the research, the guarantee of anonymity and confidentiality, and the method of reporting the research. To keep anonymity, pseudonyms were used for the participants, and to maintain confidentiality, the circulation of private information of the participants was prevented. The credibility of the research findings was confirmed by prolonged engagement with and persistent observation in the research field, peer debriefing, external audit, referential adequacy, external audit, and member checking. The dependability of the research was obtained through observing the principles of successful interview, the complete recording of the events and their transcription.

Table 1: *Characteristics of Participats*

	Name	*Age*	*Work Experience (Year)*		*Name*	*Age*	*Work Experience (Year)*
1	*Morad*	*45*	*20*	*11*	*Azar*	*27*	*5*
2	*Mona*	*24*	*2*	*12*	*Mahnaz*	*35*	*10*
3	*Shiva*	*26*	*4*	*13*	*Amin*	*28*	*5*
4	*Zeinab*	*27*	*4*	*14*	*Zahra*	*24*	*2*
5	*Mina*	*30*	*7*	*15*	*Nahid*	*28*	*5*
6	*Hosein*	*29*	*7*	*16*	*Reza*	*25*	*2*
7	*Ali*	*27*	*6*	*17*	*Fatima*	*29*	*6*
8	*Yasamin*	*27*	*5*	*18*	*Marzia*	*32*	*6*
9	*Soheila*	*27*	*5*	*19*	*Ahmad*	*40*	*15*
10	*Muhammad*	*28*	*6*	*20*	*Atifa*	*24*	*2*

Results

Long and detailed conceptualization through careful line by line analysis of the interview transcripts yielded concepts, subcategories, main categories and the core category. As a result of this process, the core category of "meaninglessness normalization among nurses" was extracted from 16 main categories, 25 subcategories and 73 concepts (concepts and subcategories were removed from the conceptual table for brevity). The findings are presented in the story line and the paradigm model.

Table 2: *The Process of Extracting the Core Category*

Main Categories		*Core Category*
Paperwork; Reporting Phobia	*Systematic Horizontal Management*	*Organizing of Meaninglessness Among Nurses*
Stage Management Crisis	*Negative Reinforcement of Hospital (Infra)Structure*	
Companion-Nurse Communication Breaches	*Bypassing Medical Rules and Regulations*	
Gender Emotional Labor	*Problematic Social Relations*	
Internalization of Promulgated Rules	*Paperwork; Nursing Security*	
Family's Timely Support of Nursing	*Normalization of Individual-Organizational Punishment*	
Personalization of Situational Morals	*Decent Citizenship*	
Releasing Work Emotions	*Feminization of Nursing*	

Storyline

In order to better understand the processes we went through to obtain the core category in this research, the main categories are explained in the form of a story line. Moreover, we cite quotes from the participants while maintaining the criterion of confidentiality.

Paperwork

As providers of medical services, Nurses often have to write work reports at the end of their assigned shifts. These reports generally have a dual function.

Reporting phobia: The malfunction of work-reports can be classified under the title of reporting phobia. There was reporting phobia or excessive fear of defects in the work report among the responding nurses, which would reveal itself more than work obsession or inadequate experience, from the patients' companions, the hospital system and the stereotypical view of people. Because any defect in report may entail legal-judicial consequences for them. With regard to the fear of work-report defects and its consequences, Ahmed said:

If I were in charge of making laws, I would have changed it perhaps because now we are intimidated by these things. As we have seen things, we always try to write the most complete report mentioning the hour and the minute so that no problem will occur later.

Regarding the judicial and legal importance of the work report, Mona said:

These reports have judicial and legal significance as later decisions can be made on the basis of every line in these writings once a problem occurs for the patient. I mean, we have had such cases. Every little word is horribly important and sensitive. If the case is sued into the court, every word of it will be checked and we will be in trouble then.

Nursing security: The second function of paperwork is nursing security. If its first function was to show the negative aspect of report writing and its meaninglessness for nurses, the second function has a positive aspect that can guarantee their safety. In other words, the nursing report is used as a legal documentation in the next shift, and thus maintains the safety of nurses against legal-judicial threats. Acknowledging the credibility of the nursing report, Amin said:

I would not change this even if I was a lawmaker. I am obliged to register the clinical work I do. When it is registered, you have done your job well, and if it is not registered, you have done nothing. And more importantly, these reports somehow give credit to our work because we don't have any other document to show. So, they must be there.

Fatimah referred to the legal importance of the work report:

This report has a legal authority. Everyone here should have access to this report like the doctor and the nurses to find out what you did for the patient.

Companion-Nurse Communication Breaches

One of the major problems of nurses in the hospital is always facing the patient's companions and the communication breeches between them. When nurses face this problem, they cannot convince well the patient's companions at the same time and place (nursing station/appointment time). As a result, the communication between the companions and the nurses is broken down, leading to meaninglessness of companion-nurse communication. In addition, it can result in disorder in the treatment process and disrupts the management of patients' space. Because the communication breach between the companion-nurse entails the companion's negligence of the nurses' persuasive guides. Concerning the communication problems with the patient's companions, Nahid said:

Many of our patients are from the two provinces of Sistan and Baluchestan and Bandar Abbas. The problem we have is that we cannot communicate well because we do not understand their languages. It often happens that the patient and his companion do not understand us, and we do not understand them either. This creates many problems.

Referring to the event that the patient's companions do not listen to the advice of the nurses, Fatima said:

Companions do not listen to the nurses. In the moments when they get stuck, we wish to get out of here as soon as possible and not see them because they are really annoying.

Stage Management Crisis

Nurses are usually expected to continuously manage communications, behaviors, assigned tasks, emotions, etc. during their work shift. In other words, they should manage the stage of providing care by resisting disruptive factors in a desirable way. As Ervin Goffman noted, "we must not be subject to ups and downs" (*Goffman, 1971, as cited in Ritzer, 2014, 191-192*). Nurses should also try not to be affected by the existing pressures during

the ups and downs in their work shifts. However, the stage management crisis occurs more frequently than optimal stage management due to factors such as ineffective work overload when the department is busy, care sensitivity, disruption in treatment process, inadequate rest, and inefficient service. In other words, due to work pressures, psychological conflicts and the like, stage management will face a crisis. If nurses find no solution for the crisis, it can trigger meaninglessness in them because an individual in a crisis does not have a proper understanding of the events in which they are involved, or, at least, their personal measures are not accessible to make a proper decision in the crisis (*Coser & Rosenberg, 2012*). Thus, the stage management crisis can destroy mental standards and lead to meaninglessness. In regard to infective work overload, Atifa said:

When the ward is busy, the attention you need to give to the patient decreases because I am short of time, and all patients start shouting and show a reaction as to why t we don't get to them. What else can we do then?

Referring to inadequate rest for nurses in their work shifts, Mina said:

There are many shifts here now and we may work 12-hour shifts though there is a break for us but this is not our right. For example, they say when the ward is crowded; you should come and provide services. If it is not crowded, you could rest, but if is crowded, you can't.

Gender Emotional Labor

One of the most common actions of nurses in the hospital environment is doing emotional labor. Hochschild believed that when emotional labor is done along the job, it leaves its natural state and becomes a force that must be used along with other forces in order to perform the task (*Kianpour, 2012*). This is seen to happen among nurses who devote a part of their daily work to emotional labor. Emotional labor habits, directional emotions, the confrontation of male and female emotional labor, the transformation of men into emotional pragmatists and the general preference of them over women, which results in disappearance of

masculinity and femininity stereotypes in nursing etc., all show the inevitability of emotional labor among nurses. Shiva talked about the habit of emotional labor among nurses:

We do this automatically. The system sometimes wants us to be kind, but I can say that it is done automatically. Whatever you do for the patient, it is unconsciously involved with emotions, especially in the pediatric or infant ward, which is full of emotional behaviors because there are mostly women in there.

Nahid also said:

Sometimes I put myself in their place and I find similarities between them and myself. Then I say to him that I had the same problem or one of my acquaintances had it, but he has recovered now. You should hope in God. I say this so that the patient can feel easy with me.

Internalization of Promulgated Rules

Rules and regulations are an integral part of a bureaucratic system, which should be internalized by the members of the organization over time. A hospital also has its own policy and rules, and nurses, as part of the hospital staff, should be familiar with them. Internalization of promulgated rules include awareness of departmental rules, familiarity with the promulgated rules and regulations, appreciating systemic complexity of rules and their cumbersomeness, and familiarity with clinical rules. However, not all nurses perform the rules well because the ability to internalize rules depends on proper time and manner of promulgation of rules. Any break in the declaration of rules leads to confusion and unwanted errors by nurses. Concerning nurses' ignorance of the complexity of the rules and their inefficiency, Amin said:

I'm not much familiar with them because they don't tell us. They let us make a mistake and a problem occurs, then they blame us, why did you do this? Why didn't you know that this is the rule? Well, no one told me or informed me to know. It seems as if they want to take revenge on you.

Referring to the bureaucracy and the complexity of the rules of the hospital system, Zahra said:

I know more the nursing rules than systemic rules. I always have trouble with systemic rules. I have been employed here for two years now, and I still haven't done the administrative work because it's so stressful. You have to do a lot. But, unfortunately, there's no way. I have to go for it.

Family's Timely Support of Nursing

Despite psychological work pressures in the hospital environment, common clichés of dignity violators among the people, rules and regulations, constant monitoring by the hospital system and different departments, nurses need supportive relationships to continue their careers. Supportive relationships by the families create mental peace and build dignity and value for nurses. However, families' support of nursing profession is temporary and not absolute and permanent. Because such supports require purging uninformed negative views about nursing, even by the nurses' own families. Regarding family's timely appreciation of nursing profession, Fatima said:

In the beginning, my family thought just like me. They looked at nursing only as giving injections and usual care. But now their views have changed a lot and they know that what I do is more than a simple injection.

Zeinab also said:

My family really have a holy view on nursing. Regarding my shifts, they tell me not to take the night shift so that I don't get bothered too much. Well, the night shift affects the skin and nerves. Their view is good and positive.

Releasing Work Emotions

As mentioned above, emotional labor is an integral part of the nursing profession. With the introduction of emotions into nursing, despite the commodification of emotions, nurses have experiences of releasing emotions simply because they consider their daily work to be humane and do not reduce it to a senseless mechanical activity. These motions create more passion in the nursing profession and provides nurses with dynamism during the work. Therefore, emotions, as the builder of work passion and its

humanization for nurses, can create release for them against meaningless experiences that result from the emotional labor of thingness. Referring to the humanization of emotions, Ali said:

This is more personal. It is not so that the organization or the hospital system has asked us to work with our own feelings and affection, but we have got it in our work. For example, look at this man here I am taking his pressure. I could ask him to go and pay the bill first, and then come here for checking his blood pressure, but I didn't do that. It wasn't moral.

Concerning emotions and enthusiasm in nursing, Ahmad said:

No matter what you do, you are doing a service kindly, and now this service is more beautiful. A sick person comes here and he is in pain. You give him a pill, and he calms down. It is enjoyable, because he feels good. You like it and passion is made.

Personalization of Situational Morals

The desirability of work relationships is threatened when (general) organizational problems are added to nurses' personal problems. Since most of the nursing personnel are women, it is probable that there occur personal problems among them (according to the participants' responses). In addition, the situational morale of nurses, i.e., their collectivist or individualist morale, can strengthen or weaken this desirability. The personal problems among female nurses in different departments and wards in the hospital along with their individualism in different situations has been identified as one of the factors that weaken the desirability of work relationships in the hospital environment, leading to the personalization of situational morals. In other words, the individualist or collectivist morale of nurses is determined by their personal problems with other nurses because the nurses' behaviors in specific social situations cause some personal problems. Regarding women's personal problems, Nahid said:

There is a lot of gossip among female nurses. It may be very small, but it can circulate in the hospital and a ward and gradually gets bigger.

Mina referred to her individualist morale and said:

I am a person who likes solitude more. I prefer to think for myself rather than others thinking for me. I don't like someone at work telling me what to do.

Feminization of Nursing

Despite the acceptance of men in the nursing profession, the dominant view still considers this profession as feminine. With the feminization of this profession, the process of adapting and coping with this profession becomes more difficult for men. Given this view on nursing, the male participants in this research preferred not to introduce themselves as nurses in social environments and in friendly and family gatherings because the prevailing prejudices related to their job make them sad and disheartened. In a more analytical account, this view of nursing can be considered a result of a traditional and stereotyped view on the nursing profession, according to which male nursing lacks necessary and meaningful quality to rely on. Hosein said:

Nursing is mostly seen for women. It has been a few years since men started working as nurses. But they are not satisfied with their job and consider nursing as a woman's profession. But women, even if they don't like it, still get along with this profession.

Amin also said:

When I entered the nursing profession, at first, I didn't know what it was, and then I noticed that it was a woman's job.

Horizontal Systematic Management

As stated above, nurses inside the hospital are required to observe the rules and manage the stage. There is stage management for nurses in the form of rules and regulations that strengthen the provision of medical cares. In fact, nurses adapt systematic stage management to act normally and orderly. In general, equipment management by nurses, systematic identity management, confidentiality, self-presentation management, interaction management, patient management, language management, etc. lead to systematic stage management in the form

of rules and regulations. Soheila referred to the systematic management of face:

There are rules that are fixed, ranging from clothing and putting badge to a series of ongoing tasks that should be done in the ward. Or, for example, the system says don't wear nail polish or artificial nails, or don't wear make-up and the like.

However, in addition to systematic vertical management upon nurses, the nurses themselves apply optimal horizontal management, at the time of critical stressful situations. In general, the application of the rules vertically and the desired horizontal management create a systematic horizontal management of the stage. With regard to the management of equipment, Hosein said:

We have to check the equipment in the ward when we take the shift. Well, this rule is very good, because, for example, from the very beginning, you can see if anything is missing, any medicine, out-of-order equipment, resuscitation trolleys and other appliances. For example, there is a closet that is 5 stories tall, it has drawers and the necessary devices for reviving. It should always be checked. And I will not try to break this rule because it should be there.

Negative Reinforcement of Hospital (Infra) Structure

It is clear that the proper space and furniture of the hospital, as well as the facilities to meet the needs have a great impact on the efficiency of the personnel and the better management of the patients and their companions. However, the negative reinforcement of hospital (infra) structure sometimes leads to dissatisfaction of patients and personnel including nurses. Weakness in the quantity and quality of medical treatments in the wards and the under qualification of nurses as inappropriate structures and weakness in hospital facilities and the awkward hospital furniture as inappropriate infrastructures generally cause nurses to be dissatisfied with the hospital environment and facilities. Referring to the inefficiency of hospital furniture, Marzia said:

The ICU should be u-shaped so that we can see all the patients, but this is not the case here and we do not see all the patients.

Once, we could see only beds number 8, 9, and 12, but not the rest. If a patient's rhythm gets flat and the monitor is broken, my Gosh, we won't understand if it has happened now or a quarter ago?

Concerning the inefficiency of treatment facilities, Soheila said:

For example, once, a service man came up and asked us not to throw away the sterile gloves that we use to suction the patient. He said that they collect them and take them to the CSR. They sterilize them and powder them, and we use them again. This is the bottom of our crisis.

Bypassing Medical Rules and Regulations

Depending on the situation, nurses bypass rules differently in wards. The working conditions and situations determine the degree of observing the rules. For example, in the conditions of admitting many patients and possible work pressure, it is not possible to observe the detailed work rules or even write a work report, because the nurses are unwillingly caught in a situation not to observe the rules. In general, there are evasions of treatment rules and regulations by nurses in the hospital environment, which sometimes face reactions. However, these evasions are a response to the meaninglessness resulting from rigid rules, because the problematic rules create a meaningless life for people. Regarding evading treatment rules, Azar said:

I was working in another hospital, there was a patient who started vomiting and we called the doctor and he ordered a medicine to give him and do other things. After we followed the instructions, we saw that it didn't work. After that, we came and started self-treatment, and I gave him another shot without the doctor's prescription, and the patient got better. Then we came and told his emergency doctor about it.

Concerning bypassing the work rules, Azar said:

Some nurses take luxury patients with nothing much to do, so it is easy. He is just under observation. But annoying patients are for us, who we should pay attention to with all we can do. these two are different.

Problematic Social Relations

Friendly social relations among nurses are important. Factors such as work guidance and consultation make possible friendly social relations inside and outside the hospital. However, problems in social relations arise among nurses when the constructive social relations of nurses have no benefits for them. In fact, the separation of work and personal life, the lack of wide trust within the organization, and the like make this problem more vivid. Regarding the separation of work and life and the tendency to cooperate and collaborate said:

I try not to tell my problems to other nurses and cause pain. If they are only my colleagues, I try to have a work relationship just about treatment, care issues, and seek help for the betterment of the patients.

Referring to the lack of trust between her and other nurses, Yasman said:

For example, I believe that I shouldn't get along with everyone. This is my characteristic. I give as much information as it won't harm me later. I behave very conservatively.

Normalization of Individual-Organizational Punishment

Since organizations widely emphasize the observance of rules by their members and personnel, they always try to monitor their members and punish them if necessary. Therefore, punishing nurses for not complying with department rules and regulations to make normalization includes warning, organizational punishment and transfer to busy wards. Apart from the control and punishment of nurses by the hospital, the nurses themselves, if fail to comply with the rules, due to their work commitment and conscientiousness, suffer from self-punishment. Therefore, individual/organizational punitive normalization is part of the controls that are used for nurses to discipline them as much as possible. Concerning conscientious self-punishment, Hosein said:

I will feel guilty if I do less. My mind gets boggles, I think what if I don’t give the medicine, and the patient gets sick?

Mahnaz also points out the lack of discipline in the nurses and their working adequacy:

If we work inadequately or don't show up to work on time, the nursing supervisor or the shift supervisor will tell us why we have worked less or come late, and the nurse may be transferred to other departments because of inadequate work and the like.

Decent Citizenship

The lawfulness of nurses in the hospital environment under continuous monitoring can turn them into decent citizens in the society. It can show the internalization of social rules by the nurses without disciplinary rules or official controls as they learn and implement social norms of their job position. Zeinab said:

Apart from the laws here, I also follow the social rules very much, from not littering in the street to observing driving rules and so on. I really hate it when someone breaks laws and messes up the situation because I am a very orderly person in my life. I am disciplined.

Zahra also said;

I say I follow all the rules 100%. I never bypass any rules.

Research Paradigmatic Model: the Meaninglessness of Life

A research paradigmatic model shows the activities carried out within the research framework to construct the central phenomenon of the research. In fact, the extracted concepts and categories in the previous stage are placed in the axial coding stage and the paradigmatic model is formed. This model consists of six parts: causal conditions, background conditions, intervening conditions, strategies and outcomes, and finally, the central phenomenon around which activities are formed. The processes and activities that occurred in this research show that the central phenomenon is "meaninglessness of life". In other words, based on the analysis of the research data, the causal, background and intervening conditions construct the meaninglessness of life among nurses. In fact, what the participants of the present research are engaged in physically and mentally over time is meaningless life.

As it can be seen in Figure 1, the causal conditions that create meaninglessness of life among nurses over time include Stage management crisis, companion-nurse communication breaches,

gender emotional labor. These variables are of great importance because each of them represents the reason for understanding experiencing the meaninglessness of nurses' lives both physically and mentally. These variables create a series of social situations in the hospital. For example, they make nurses hate report-writing and fear defective reports, lose their persuasive power and meaning in their relationships with colleagues, do emotional labor and its mechanical and out-of-control habits, and face stage management crisis and the loss of mental criteria to control it. They lead to meaninglessness in social situations and regular interactions in the hospital environment.

Background conditions, which influence the phenomenon, appear in a context that is the place of people's activities. The applied strategies also change the nurses. These conditions are: Internalization of promulgated rules, family's timely support of nursing, personalization of situational morals, and releasing work emotions. These conditions are more at the micro level. and are mostly changed to meaninglessness by the nurses themselves. The nurses' incapability to institutionalize enduring rules and learn their nuances, as well as their incapability to institutionalize the changing rules can lead to the breakdown of criteria for nurses' performance, which can facilitate the conditions to reach meaninglessness. The absence of early family support for nurses and/or timely process of making family support for them makes nurses face the meaninglessness of life. In addition, the introduction of emotions into the nursing job, though not required or imposed by the organization, exposes emotions to further exploitation. Although these emotions create release for nurses, they still subject their emotions to exploitation. Finally, there are conflicting relationships and personal differences among nurses in the workplace, which increase the meaninglessness of relationships within the system.

The intervening conditions, which are beyond authorities of nurses, lead to meaninglessness of life among them. These conditions, which have an effect on the nurses' practical strategies to deal with meaninglessness, include: Feminization of nursing, systematic horizontal management and negative reinforcement of

hospital (infra) structure. The participants reported that although there is a general preference for male nurses in the city of Yazd, in general, the feminization of nursing in the public opinion has denigrated the nursing profession, making male nurses cope weakly with their profession. The dual management of the stage (horizontal and vertical) in the form of rules may be challenging for nurses, resulting in their hatred of mandatory rules for stage management. Hatred of rules can facilitate their meaninglessness of life. Unsuitable furniture has a negative effect on both the positive performance of nurses and the satisfaction of patients. Therefore, the inappropriate space and negative reinforcement of hospital (infra) structure create more exhaustion resulting from meaningless work than provision of meaningful work for the nurses for their services, making the hospital space look more inadequate.

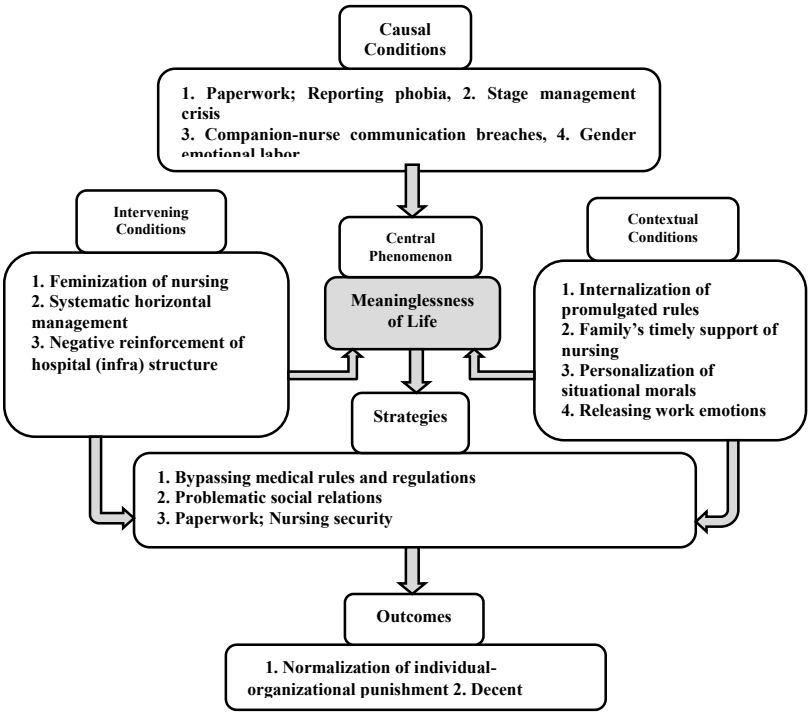

Figure 1: *Paradigmatic Model: Meaninglessness*

The practical strategies of the participants against the central phenomenon, which are realized under the social conditions and situations in the hospital, confront the nurses with "meaninglessness of life". They generally activate three strategies against this central phenomenon: (1) Bypassing medical rules and regulations; (2) Problematic social relations; (3) Paperwork: Nursing security. Nurses generally consider their meaninglessness to be normal against the existing rules and regulations, and to escape from it, they try bypassing them. Moreover, nurses activate the problematic social relations against the meaninglessness of life because they both form extended social relations and avoid undeveloped social relations. Finally, nurses use the strategy of paperwork: Nursing security to escape from the phobia of writing reports that creates meaninglessness in them because by completing their work report, they can overcome the phobia of writing reports, reduce or overcome meaninglessness which result from the phobia of report writing. The application of practical strategies against the central phenomenon (meaninglessness of life) leads to the outcomes of background conditions and intervening conditions. In this model, the outcomes are: (1) Normalization of individual-organizational punishment (2) Decent citizenship.

Bypassing medical rules and regulations yields two results: (1) The monitoring and discipline by the hospital system and the normalization of their punishment; (2) Self-control and normality resulting from it. The second outcome is identified as decent citizenship. As a result of their systemic law abidance and the institutional discipline imposed by the hospital organization, and even conscientious self-control against not complying with the rules of the hospital, nurses feel obliged to comply with social norms in the community too. It turns them into decent self-controlled citizens.

Discussion & Conclusion

This study attempted to explore meaninglessness among nurses. The target population of this research included nurses at state hospitals in the city of Yazd. We tried to show the processes used to extract the core category, i.e., "Normalization of

meaninglessness among nurses" through the use of a theoretical scheme (selective coding). Single-headed and double-headed arrows are used in this scheme. Single-headed arrows indicate causal effects and double-headed arrows indicate reciprocal and iterative effects. The analysis of the data at the selective coding stage indicates that meaninglessness of the life among nurses is constructed in three general areas. The first domain is related to the determination of laws. The domain of applying laws, the way they are applied, the authority behind the laws to establish order, their success or failure to normalize people's behaviors, and finally their outcomes can affect the meaninglessness in the employees. For Huckschild, the effectiveness of this domain on the meaninglessness of nurses is due to the thingness of emotions in emotional labor, for Marx, it is due to the use of labor to serve the system (stage management of services), and for Weber, it is a result of the rationality that dominates the rules. The existence of definite rules brings fear to nurses and makes their normalization possible. In addition, the existence of these laws can make judicial/legal security and feeling of peace possible to achieve meaningful work. The achievement of decent work (with components such as preventing thingness of emotions, lack of fear of laws, having judicial/legal security, respectful stage management in the form of laws, friendly vertical/horizontal relationships, etc.) for nurses, it makes them consider it easy to achieve a meaningful work. Decent and meaningful work experience as the result of the positive functioning of laws in this research confirms Lysova's findings. Therefore, the lack of access to decent and meaningful work will intensify the meaninglessness.

Emphasizing definite laws that are aimed to normalize nurses' behaviors, we can think that nurses turn to avoiding the rules to escape from this situation. This results in more meaninglessness than meaning for them because there are punishments for the negligence and violation of rules. This finding is in line with the result obtained by Kim and Allan (2016) in that inadequate work has a reverse effect on work efficiency. The most important point regarding the determination of laws is that it can normalize nurses' behaviors successfully. As it was mentioned above, this

normalization takes place in the form of formal punishment (organization) and informal punishment (nurses' self-control). Thus, by observing the rules, nurses should experience meaninglessness order both in the hospital environment and in society. The realization of the rules is shown in the theoretical scheme with a one-headed arrow, affecting the life of the determined meaninglessness. In addition to being directly influenced by the realization of the laws, the realized meaninglessness of life is not affected by the realization of the (infra) structure of the hospital. This factor is shown on the right side of the model with a single-headed arrow. Lack of suitable work space, inadequacy of experts and workforce, defective hospital furniture and the like can affect this realization.

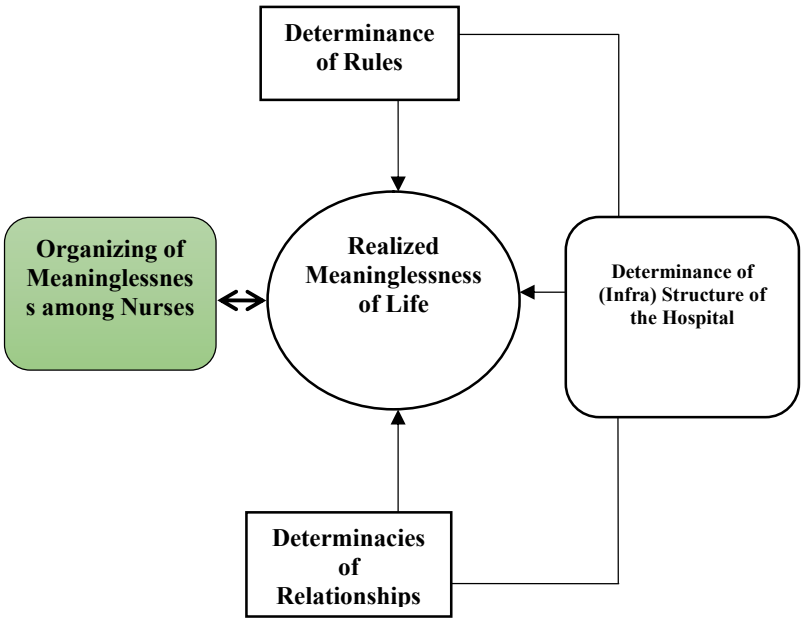

Figure 2: *The Theoretical Schema: The Normalization of Meaninglessness among Nurses*

In order for people to feel meaningfulness of their work, organizations must design good and quality work environments.

Therefore, the realization of working environments to create meaning in this research confirms Lysova et al.'s (2019) findings. Because the results obtained in this research show that the lack of access to quality treatment makes meaninglessness in nurses.

Thus, it is necessary to design good working environments. The increase of specialist workforce to reduce the work pressure for nurses and meet their requirements create meaningful work experience for them, because working in an environment that provides mental and physical rehabilitation for nurses by constantly replacing high-pressure shifts, creates meaning. Therefore, designing a good environment and increasing the number of nurses leads to a greater understanding of meaningful work and increases their trust in the hospital system and management. However, the obtained results show that the lack of specialized workforce in the hospital has increased the work pressure for nurses. Consequently, the work becomes meaningless. The results show that meaninglessness is organized among nurses. The inevitable result is the distrust towards the management and the system of the hospital. This result is in line with that obtained by Singh and Rangnekar (2016) who found that meaningful work and increasing organizational trust are contradictory. The third domain of the realized meaninglessness of life among nurses is called realization of relationship, which flow both inside and outside the hospital organization. This domain can be divided into three sections: hospital relationships, family relationships and the relationships between the nurses and the people. Concerning the hospital relations, it should be said that good organizational relations are one of the components that create meaningful work. These relationships mostly affect meaningful work among hospital personnel and medical staff. The results obtained by Tummers and Knies (2013) show that good leadership and management strongly influences the meaningfulness of work for employees. According to the results of the research, meaninglessness is intensified by the absence of a good leadership and management in the hospital and the lack of wide constructed relationships between the nurses and management. Thus, our findings contrast those obtained by Tummers and Knies (2013). Our findings also show nurses'

problems in social relations and personal problems influence good organizational relations, turning meaningful work into meaningless work. This is in contrast with the results reported by Lysova et al (2019) on approaches to organizational relationships. In addition to the relationships between the hospital personnel who construct meaningless work, we can also mention the relationships between the nurses and the patient's companions. It is obvious that the inefficient communication between these two groups of people makes meaninglessness to occur more possible. The results indicate that in addition to hospital relationships, family relationships and nurses' relationships with people also affect meaninglessness. As these domains generally show the meaninglessness of nursing as the result of simple ignorance and feminization of this profession. Our results confirm Bailey and Madden's (2019) findings that communication breaches and the reduction of the value and position of a person can lead to meaningless work. The third domain of the construct of meaninglessness of life is shown with a single-headed arrow at the bottom of the diagram. In general, for the organizing of meaninglessness among nurses, a reciprocal relationship and realized meaninglessness of life are necessary. The relationship between the two is marked with a double arrow. It means that these two domains have reciprocal and synergistic effects on each other. It can be said that after facing all the events created inside and outside the hospital, what nurse's experience will be organized external meaninglessness. In addition to external realization, this organization has personal realizations, in the sense that it will always touch the special characteristics of people. It should be said that meaninglessness organization will have an inevitable outcome for nurses in the long run, i.e., it turns into a normal subject. Being normal here means that meaninglessness become ordinary to them. Owing to this organization, nurses turn into subjects in the society and their organization who consider the meaninglessness of their lives as a norm due to the presence of laws, relationships etc. Those subjects are criticized that are under pressure from all sides, making them neutral, normal and even flexible people. Thus, they reproduce their experiences of meaninglessness without knowing it

by neutralizing relationships and emotions as well as behaving normally in facing the laws of the society and the organization. It has to be said that the organized normality is a serious danger, which will threaten not only hospital staff and nurses, but also a wide range of people in bureaucratic systems.

Suggestions

- Increasing the number of nurses in treatment departments to experience lighter work labor.
- Increasing the number of nurses, in addition to reducing work labor, which can provide them with an opportunity to form friendly social relations and overcome the problem of normality and meaninglessness.
- Paying due attention to the mental and physical rehabilitation of nurses due to highly pressing shifts.
- Removing negative stereotypes about nurses through practical training in the community.

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